

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Jun 01, 1999 8:00 am**  
**Secretary of State**

06-01-1999 90038 007 \*\*\*\*70.00

**DOCUMENT # N95000002842**

1. Corporation Name

**CENTRO BIBLICO EMBAJADORES DE CRISTO, INC.**

Principal Place of Business

1544 W 37 STREET  
HIALEAH FL 33013

Mailing Address

681 6TH ST NE  
NAPLES FL 34120  
US



2. Principal Place of Business

21 1544 W. 37 ST.

Suite, Apt. #, etc.

22

City & State

23 HIA. FL. 33012

Zip

Country

24 33012

25 U.S.A.

2a. Mailing Address

26 681-6 ST. N.E.

Suite, Apt. #, etc.

27

City & State

28 NAPLES FL.

Zip

Country

29 34120

30 U.S.A.

3. Date Incorporated or Qualified

06/15/1995

4. FEI Number

65-0584241

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

9. Name and Address of Current Registered Agent

GONZPER, NANCY  
681-6TH ST NE  
NAPLES FL 34120

10. Name and Address of New Registered Agent

81 Name

GONZPER, ORLANDO A.

82

Street Address (P.O. Box Number is Not Acceptable)  
681-6 ST. N.E.

83

84 City

NAPLES

FL

85 Zip Code  
34120

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

*[Signature]*  
Signature, typed or printed name of registered agent and title if applicable

GONZPER, ORLANDO A.

6-3-1999

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☒ DELETE

NAME GONZPER, NANCY  
STREET ADDRESS 681-6 STREET N.E.  
CITY-ST-ZIP NAPLES FL

TITLE VD ☒ DELETE

NAME RAMOS, SAMUEL  
STREET ADDRESS 1853 S.W. 3 ST  
CITY-ST-ZIP MIAMI FL

TITLE STD ☒ DELETE

NAME RAMOS, LINDA  
STREET ADDRESS 1853 S.W. 3 ST  
CITY-ST-ZIP MIAMI FL

TITLE D ☒ DELETE

NAME GONZPER, ORLANDO A  
STREET ADDRESS 681-6 STREET N.E.  
CITY-ST-ZIP NAPLES FL

TITLE D ☒ DELETE

NAME HERNANDEZ, ALMERIDA  
STREET ADDRESS 681-6 STREET N.E.  
CITY-ST-ZIP NAPLES FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☒ Change ☐ Addition

1.2 NAME GONZPER, ORLANDO A.  
1.3 STREET ADDRESS 681-6 ST. N.E.  
1.4 CITY-ST-ZIP NAPLES, FL 34120

2.1 TITLE SVD ☒ Change ☐ Addition

2.2 NAME GONZPER, NANCY  
2.3 STREET ADDRESS 681-6 ST. N.E.  
2.4 CITY-ST-ZIP NAPLES, FL. 34120

3.1 TITLE TD ☒ Change ☐ Addition

3.2 NAME RAMOS, LINDA  
3.3 STREET ADDRESS 7415 W. 15 AVE  
3.4 CITY-ST-ZIP HIA. FL. 33014

4.1 TITLE D ☒ Change ☐ Addition

4.2 NAME RAMOS, SAMUEL  
4.3 STREET ADDRESS 7415 W. 15 AVE  
4.4 CITY-ST-ZIP HIA. FL. 33014

5.1 TITLE D ☒ Change ☐ Addition

5.2 NAME CINTRON, MANUEL  
5.3 STREET ADDRESS 1266 S.W. 117 AVE  
5.4 CITY-ST-ZIP FT. LAUD. FL. 33325

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06-03-1999

Date

(305) 828-7471

Daytime Phone #

CR2E037 (11/98)

0064649